

CANCELLATION OF FORM K-WC 137

K-WC 137-A (Rev. 6-12)

Cancellation of Election of a Noncompensated Volunteer Officer, Director or Trustee of a Nonprofit Corporation to be Covered Under the Kansas Workers Compensation Act

To be processed, **ALL** entries on this form must be completed. If not completed using the fillable form feature, entries must be neatly printed in black ink or typewritten. The individual cancelling his/her previous election must sign this form and include his/her Social Security number.

This *Cancellation of Election* is effective upon receipt by the Kansas Division of Workers Compensation. This form may be emailed to **wcelections@dol.ks.gov**.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name: _____

Social Security number: _____

Phone: (_____) _____ Email: _____

Nonprofit corporation: _____

Corporation address: _____

hereby cancels his/her previous election to come within the provisions of the Kansas Workers Compensation Act.

Signature

Title/Position

Date

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.